



0000060580

**INDER:**  
complete items 1, 2 and 3.  
indicate if restricted delivery is desired.  
print your name and address on the reverse of this form so that we can return this card to you.  
attach this form to the front of the mailpiece, or on the back if space does not permit.  
write "Return Receipt Requested" on the mailpiece below the article number.  
the Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

Article Addressed to:

**Mr. A. Wayne Smith**  
**5106 S. 32nd Street**  
**Phoenix, AZ 85040**

*L- covered A-01-01/16*

2. Article Number



7180 5335 1300 0000 1713

3. Service Type ☒ **CERTIFIED**

Date of Delivery

*2/1/02*

Received By: (Print Name)

Enter delivery address if different than item 1.

*A. WAYNE SMITH*

Signature - (Addressee or Agent)

*A. Wayne Smith*

Form 3811

**DOMESTIC RETURN RECEIPT**

**INDER:**  
complete items 1, 2 and 3.  
indicate if restricted delivery is desired.  
print your name and address on the reverse of this form so that we can return this card to you.  
attach this form to the front of the mailpiece, or on the back if space does not permit.  
write "Return Receipt Requested" on the mailpiece below the article number.  
the Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

Article Addressed to:

**Mr. Randall L. Simpson**  
**JRS Corporation**  
**7720 N. 16th St. Suite 100**  
**Phoenix, AZ 85020**

2. Article Number



7180 5335 1300 0000 1737

3. Service Type ☒ **CERTIFIED**

Date of Delivery

*2-1-02*

Received By: (Print Name)

Enter delivery address if different than item 1.

*Kelly C. Wragge*

Signature - (Addressee or Agent)

*Kelly C. Wragge*

Form 3811

**DOMESTIC RETURN RECEIPT**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**INDER:**  
complete items 1, 2 and 3.  
indicate if restricted delivery is desired.  
print your name and address on the reverse of this form so that we can return this card to you.  
attach this form to the front of the mailpiece, or on the back if space does not permit.  
write "Return Receipt Requested" on the mailpiece below the article number.  
the Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

Article Addressed to:

**Margaret Trujillo**  
**/alue Options**  
**144 N. 44th Street Suite 400**  
**Phoenix, AZ 85008**

2. Article Number



7180 5335 1300 0000 1683

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

*K. Trujillo*

Signature - (Addressee or Agent)

*K. Trujillo*

Form 3811

**DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

RECEIVED

2002 FEB -5 A 10:24

AZ CORP. Arizona Corp. Commission  
DOCUMENT CONTROL  
1200 W Washington  
Phoenix AZ 85007-2996